

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁵¹Registered No. ³⁰⁸

1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City MiamiNo. 113Mex. Canon

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Trinidad Gomez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

male

5. No., in order of birth

yesJuly 17 - 1928

8.

FATHER

Full name

Jose Gomez
Miami,

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Arizona

10. Color or race

Mex.11. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco,
Mex.

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Maria Dianda
Miami,

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Arizona

16. Color or race

Mex.17. Age at last birthday 19 (Years)

18. Birthplace (city or place)

(State or country)

Jalisco
Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

2(a) Born alive and now living 2

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was

born alive

at

6 45

A.

m. on the date above stated.

(Born alive or stillborn)

Signature

Leyril M. Brown M.D.

(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

en name added from supplemental report

Month, day, year

Filed

July 18, 1928

Registrar.

Registrar.

379-717-441